

Conisbrough Urban District Council



REPORT

ON THE

Health of the District

DURING

THE YEAR ENDING DECEMBER 31st

1951

by

Dr. JOHN LEIPER, M.B.E.

Medical Officer of Health

together with the

Report of the Chief Sanitary
Inspector

Mr. R. E. INGLEBY

Chief Sanitary Inspector

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CONISBROUGH URBAN DISTRICT COUNCIL.

MEMBERS, 1951

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Vice-Chairman of the Council :

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JOHN LEIPER, M.B.E., M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.

Chief Sanitary Inspector and Director of Public Cleansing :

R. E. INGLEBY, A.R.S.I., M.S.I.A., R.P.C.,
Cert. Insp. of Meat and Other Foods.

Additional Sanitary Inspectors :


W. URMSON, A.R.S.I., M.S.I.A.,
Cert. Insp. of Meat and Other Foods.
A. P. ALLEN, Cert. S.I.B., M.S.I.A.

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Clerk to the Sanitary Inspector's Department :

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ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH

for the Year 1951

Divisional Public Health Office,
Council Offices,
Adwick Road,
Mexborough.

Mr. Chairman, Lady and Gentlemen,

I have the honour to present my Annual Report for the year 1951, and once again I find this a pleasant duty.

During the year the Death Rate for your District was slightly higher than that for the previous year, and the rate was also higher than that of the country as a whole.

The Infant Mortality Rate during the year has also risen and this has taken place during the year when the Birth Rate has fallen.

With a total of 299 live births in your District and a total of 187 deaths during the year, there is quite a significant natural increase. Again it is noted that the Registrar General's estimate of resident population puts the population, in the middle of the year, just short of 16,500 people.

There were no confirmed cases of Diphtheria, nor were there any deaths from this disease during the year.

Further arrangements have now been put in hand so that Whooping Cough Vaccine may be made available, free of charge, for the protection of infants.

The year 1951 will again be remembered as a year in which vaccination with B.C.G. Vaccine was first used to protect children in your District who were at a special risk of contracting Pulmonary Tuberculosis.

During the year the scheme for the unified control of the expectant mother group continued, as did the after-care work which is being carried out extensively on cases discharged from hospital. This means that there is much mutual help and co-operation in this Area between Hospital Authorities, my colleagues in General Practice, and the Public Health Department.

For nearly four years now the Divisional Scheme of the Preventive Medical Service has been in operation in your District, and I feel that it may be reasonably said that this scheme has initially been very successful.

During the year your Council gave consideration to a proposal by the West Riding County Council regarding the delegation of powers relating to the functions of the Local Health Authority in carrying out the services under Part III of the National Health Service Act, 1946.

Turning to environment, it must again be said that atmospheric pollution, especially in Denaby Main, continues to be severe, and it is undoubtedly associated with much ill-health in your District.

Again it is not inopportune to emphasize one of the points made in Mr. Ingleby's Report that the relationship between the cost of essential repairs and value of some of the older property is out of all proportion. Will the future mean that in spite of these essential repairs, there is a great increase in the amount of sub-standard property in your District?

A great deal of inspections have been made by Mr. Ingleby and his District Inspector, and I am glad to say that there has been an amelioration of some of the conditions associated with the preparation, sale and distribution of food stuffs.

I am very glad indeed to see the improvement in the conditions at the Denaby Main Market, and the increased use of refrigeration by some of the larger food concerns.

The co-operation from the Food Traders has been well marked.

I wish to thank the Council for their constant interest and co-operation in all Public Health matters, and the Clerk and all officers of the Council, with whom I have enjoyed working. I also wish to record my appreciation of your Chief Sanitary Inspector and his Department for the great amount of work they have carried out, and the help and assistance they have given during the year.

Lastly I wish to thank my Divisional Medical Office staff for their efficiency during the year and help in the compilation of this Report.

I remain,

Your obedient Servant,

JOHN LEIPER,
M.B.E., M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.
Medical Officer of Health.

SECTION A.

Natural and Social Conditions of the Area.

Area (in acres)	1,593
Registrar General's estimate of Resident Population mid 1951	16,450
Number of inhabited houses (31st December, 1951) ..	4,244
Rateable Value	£59,420
Net Product of a Penny Rate	£226
Height above sea level (in feet)	25—275

The main historical feature of your District is the ancient Conisbrough Castle, whose situation dominates the eastern end of your District.

The present day picture of your District is however that of a busy and highly industrialised area in which the predominant industry is deep seam coal mining.

The Registrar General's estimate of the resident population is some 400 more than in 1946, and is slightly less than the figure for 1950, whilst the number of inhabited houses has risen by 272 since 1946.

The Rateable value is the highest recorded since the war, as is the net product of a penny rate.

The density per acre in your District is 11 persons per acre, and the density per house is nearly 4 persons.

The general housing provision in your District consists of a mixture of old property near the Castle, Colliery rows, built about the turn of the century, and placed depressingly near each other, and the Council houses, well situated with modern amenities, which now number about 670, built under the various Housing Acts.

VITAL STATISTICS FOR 1951.

	Males	Females	Total
Live Births: Legitimate	146	139	285
Illegitimate	7	7	14
	<hr/>	<hr/>	<hr/>
	153	146	299
	<hr/>	<hr/>	<hr/>
Stillbirths	5	4	9
Deaths of Infants under 1 year ..	7	7	14
Deaths (all ages)	108	79	187
Birth Rate per 1,000 of the estimated resident population:			
(Crude) .. .. .	..	..	18.17
(Corrected) .. .. .	..	..	18.90
(Comparability factor 1.04)			
Stillbirths—Rate per 1,000 Births (live and still) ..	..	..	29.22
Crude Death Rate per 1,000 estimated Population ..	..	..	11.37
Corrected Figure (comparability figure 1.25) ..	..	..	14.21

Deaths from Puerperal Causes :		Death Rate per 1,000 total (live and still) Births	
	Deaths		
Pregnancy, Childbirth, Abortion ..	Nil		Nil

Death Rate of Infants under One Year of Age :

All infants per 1,000 live births	46.82
Legitimate infants per 1,000 legitimate live births ..	45.61
Illegitimate infants per 1,000 illegitimate live births ..	142.85

Deaths from :

Cancer (all ages)	24
Measles (all ages)	Nil
Whooping Cough (all ages)	1
Diarrhoea (under 2 years of age)	1
Pulmonary Tuberculosis (all ages)	5
Other forms of Tuberculosis (all ages)	2

The total number of Live Births, 299, shows that the decline noticed last year has been continued during 1951. The highest number of Live Births recorded for your District in any one particular year since the end of the last war, was in 1947, when the figure was 448, and in the subsequent years the figure has been 408, 356, 332 and now 299.

The Still Births, which were nine in number during the year, represents the yearly average since the end of the war, and the number of deaths of Infants under one year of age is slightly above the average for the previous three years when there were 24, 11, 13 deaths of Infants under one year of age in the corresponding years. In view of the fact that the Live Births have been lower in number, the Still Birth rate per 1,000 Live and Still Births, and also the Infant Mortality rate per 1,000 related Births have both shown an upward trend.

The fatal case of Whooping Cough was the first in your District for five years, and the death of a child under 2 years of age from diarrhoea is the first in the last three years. I feel that the improved Sanitary condition of your area has been a factor in obviating childhood deaths from this cause, which even relatively recently has been the cause in your District of many such deaths.

The deaths from Pulmonary Tuberculosis are five in number, and this represents slightly less than the average number of fatal cases in any one year since the end of the last war, but two deaths that were recorded from other forms of Tuberculosis was above the yearly average.

Deaths from all Causes during 1951.					Males	Females
1.	Tuberculosis, respiratory	..	..	..	4	1
2.	Tuberculosis, other	..	..	..	1	1
3.	Syphilitic disease	..	..	..	—	—
4.	Diphtheria	..	..	..	—	—
5.	Whooping Cough	..	..	..	1	—
6.	Meningococcal infections	..	..	..	1	1
7.	Acute Poliomyelitis	..	..	..	—	—
8.	Measles	..	..	..	—	—
9.	Other infective and parasitic diseases	..	..	..	—	—
10.	Malignant neoplasm, stomach	..	..	..	4	3
11.	Malignant neoplasm, lung, bronchus	..	..	..	7	—
12.	Malignant neoplasm, breast	..	..	..	—	—
13.	Malignant neoplasm, uterus	..	..	..	—	2
14.	Other malignant and lymphatic neoplasms	..	..	..	3	5
15.	Leukaemia, aleukaemia	..	..	..	—	—
16.	Diabetes	..	..	..	—	1
17.	Vascular lesions of nervous system	..	..	..	7	7
18.	Coronary disease, angina	..	..	..	9	3
19.	Hypertension with heart disease	..	..	..	2	4
20.	Other heart disease	..	..	..	28	30
21.	Other circulatory disease	..	..	..	2	3
22.	Influenza	..	..	..	1	1
23.	Pneumonia	..	..	..	5	3
24.	Bronchitis	..	..	..	8	1
25.	Other diseases of respiratory system	..	..	..	2	—
26.	Ulcer of stomach and duodenum	..	..	..	1	—
27.	Gastritis, Enteritis and Diarrhoea	..	..	..	1	—
28.	Nephritis and Nephrosis	..	..	..	2	1
29.	Hyperplasia of prostate	..	..	..	—	—
30.	Pregnancy, childbirth, abortion	..	..	..	—	—
31.	Congenital malformations	..	..	..	2	1
32.	Other defined and ill-defined diseases	..	..	..	10	11
33.	Motor vehicle accidents	..	..	..	4	—
34.	All other accidents	..	..	..	1	—
35.	Suicide	..	..	..	2	—
36.	Homicide and operations of war	..	..	..	—	—
Total from all causes					108	79

The main causes of death thus continue to be diseases of the Heart and Blood Vessels (95 deaths), Malignant disease (24 deaths) and Bronchitis and Pneumonia (17 deaths).

The average age at death in your District in 1951 was 58.5 years,

I feel that the deaths from Bronchitis and Pneumonia, and also some of the deaths from diseases of the Heart and Blood Vessels may be related to the fact that the atmosphere is so heavily polluted, especially during the fog period at the end of the year.

A comparison of the various rates in your District, against the rates for England and Wales, the 126 County Boroughs, etc., and the 148 smaller towns is appended.

	England and Wales	126 County Boroughs and Great Towns (including London)	148 Smaller Towns (Residen- Population 25,000-50,000 at 1931 Census)	Conisbrough Urban District
Rates per 1,000 Home Population				
Births :				
Live Births	15.5	17.3	16.7	18.9
Still Births	0.36	0.45	0.38	0.55
Deaths :				
All Causes	12.5	13.4	12.5	14.2
Typhoid and Paratyphoid	0.00	0.00	0.00	0.00
Whooping Cough ..	0.01	0.01	0.01	0.05
Diphtheria	0.00	0.00	0.00	0.00
Tuberculosis	0.31	0.37	0.31	0.43
Influenza	0.38	0.36	0.38	0.12
Smallpox	0.00	0.00	0.00	0.00
Acute Poliomyelitis (including Polioencephalitis) ..	0.00	0.01	0.01	0.00
Pneumonia	0.61	0.65	0.63	0.49
<i>Notifications (corrected):</i>				
Typhoid Fever	0.00	0.00	0.00	0.00
Paratyphoid Fever ..	0.02	0.03	0.02	0.00
Meningococcal Infection ..	0.03	0.04	0.03	0.12
Scarlet Fever	1.11	1.20	1.20	0.36
Whooping Cough ..	3.87	3.62	4.00	0.73
Diphtheria	0.02	0.02	0.03	0.00
Erysipelas	0.14	0.15	0.12	0.05
Smallpox	0.00	0.00	0.00	0.00
Measles	14.07	13.93	14.82	18.54
Pneumonia	0.99	1.04	0.96	0.12
Acute Poliomyelitis (including Polioen- cephalitis) Paralytic ..	0.03	0.03	0.03	0.00
Non-Paralytic	0.02	0.02	0.03	0.00
Food Poisoning	0.13	0.15	0.08	0.05
Rates per 1,000 Live Births				
Deaths :				
All causes under 1 year of age	29.6(a)	33.9	27.6	46.8
Enteritis and Diarrhoea under 2 years of age ..	1.4	1.6	1.0	3.34
Rates per 1,000 Total (Live & Still) Births				
<i>Notifications (corrected):</i>				
Puerperal Fever and Pyrexia	10.66	13.77	8.08	3.25
(a) Per 1,000 related live births.				
Maternal Mortality in England and Wales. Rates per 1,000 Total (Live & Still) Births				
Pregnancy, Childbirth, Abortion	0.79			0.00

The preceding table shows that in your District the Live Birth Rate, the Stillbirth Rate and the Death Rate from all causes were slightly higher than the corresponding rates for England and Wales.

The number of deaths from all causes during 1951 in your District was 187, and the following Table gives the annual number of deaths occurring in your District since 1945:—

Year	Males	Females	Total
1951	108	79	187
1950	97	85	182
1949	95	66	161
1948	90	80	170
1947	127	84	211
1946	86	65	151
1945	123	72	195

There were no deaths from Diphtheria during the year, and only one death attributable to Whooping Cough, whilst the corrected notifications of Scarlet Fever show them to be below the average for the country.

Infant Mortality Rate.

In 1950, the Infant Mortality Rate was 39 per 1,000 related live births in your District, and during that year 13 infants under the age of one year died, and there were 332 live births.

In 1951 the rate was 47 per 1,000 related live births, i.e., 14 infants under one year died during the year, when there was a total of 299 live births.

As previously stated in the 1950 Report, it should be noted that the total number of births occurring in your District during the year is statistically low, and the sudden variations in the Infant Death Rate which have occurred in the past will occur, naturally, again in the future. I am, however, quite satisfied that the general trend remains favourable.

Infants Under 1 Year of Age, 1951. AGE AT DEATH.

Cause of Death	Weeks				Months					Total
	Under 1	1-2	2-3	3-4	1-2	2-3	3-6	6-9	9-12	
Prematurity	5									5
Congenital Malformation, etc...	1		1			1				3
Staphylococcal Septicaemia ..			1							1
Icterus							1			1
Pneumonia						1	1		1	3
Birth Injury		1								1
	6	1	2	—	—	2	2	—	1	14

Infant Deaths.

1st Quarter

January	..	..	..	..	..	1		
February	..	..	..	..	..	2	}	5
March	..	..	..	..	..	2		

2nd Quarter

April	..	..	..	..	..	1		
May	..	..	..	..	..	—	}	4
June	..	..	..	..	..	3		

3rd Quarter

July	..	..	..	..	..	1		
August	..	..	..	..	..	—	}	3
September	..	..	..	..	..	2		

4th Quarter

October	..	..	..	..	..	—
November	..	..	..	..	..	—	}	2
December	..	..	..	..	..	2		

Prematurity continues to be the main cause of infant mortality with 5 deaths, and this figure is one less than that recorded for the previous year.

An observation might be made about the Table showing the age at death and the cause of the 14 infant deaths. There seems to be a reversion to the pattern previously found, i.e., 9 deaths under one month, and 5 between one month and one year. I feel that this reversion is a temporary one, and future years will again show that the great predominance of infant mortality lies in the first month of life.

Maternal Mortality.

No maternal deaths were reported during the year, and it is noted that during the last four years there has been only one maternal death in the Conisbrough Urban District.

1. GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA.

The full particulars of the Public Health Officers of your Authority are incorporated for easy reference at the beginning of this report.

(a) Laboratory Facilities.

Bacteriological examinations are carried out by the Medical Research Council Laboratory, Wakefield, under the direction of Dr. H. T. Findlay, and the services are completely satisfactory.

Ice-cream, Milk, Throat swab, sputum and faeces examinations have been the most frequent. The testing of samples of blood of expectant mothers for Rhesus Factor and Khan examinations are carried out by the Blood Transfusion Service, Sheffield, under the direction of Dr. Malone.

(b) Ambulance Facilities.

The Ambulance Facilities for the Urban District are arranged by the County Ambulance Officer, and are centred on the Sub-Depot for County Ambulance Service at Bentley, where 5 ambulances and 3 sitting-case vehicles were available during the year. These services also cover adjacent Districts.

(c) Nursing in the Home.

In 1950 there were 14,080 nursing visits in your Urban District, and in 1951 the total has reached 17,384. This total of nursing visits for your District in 1951 is the highest in Division 30 and the total of nursing visits in Division 30 is one of the highest in the West Riding area.

From these figures it will be seen that there appears to be a great amount of ill health in the District and many chronic cases are nursed at home.

At the end of the year, two Queens District Nurses were employed whole-time and two State Registered Nurses employed part-time. The standard of work has been excellent, but the overwork has led to sickness amongst the Nurses.

(d) Treatment Centres and Clinics, including Clinics used solely for Diagnosis or Consultation.

**Child Welfare Centre, Miner's Welfare Hall,
Gardens Lane, Conisbrough.**

Monday:	9.30 a.m. to 12 noon.	Minor Ailments Clinic.
	2 p.m. to 4.30 p.m.	Infant Welfare Clinic.
Tuesday:	2 p.m. to 4.30 p.m.	Ante-Natal Clinic.

Child Welfare Centre, Church Road, Denaby Main.

Monday:	9.30 a.m. to 12 noon.	Ultra-Violet Ray Clinic.
Tuesday:	9.30 a.m. to 12 noon	Minor Ailments Clinic.
	1.30 p.m. to 4.30 p.m.	Infant Welfare Clinic.
Wednesday:	9.30 a.m. to 12 noon.	Ante-Natal Clinic.
Thursday:	9.30 a.m. to 12 noon.	Minor Ailments Clinic.
	1.30 p.m. to 4.30 p.m.	Ultra-Violet Ray Clinic.

(e) Child Welfare Centres.

Attendances at the Child Welfare Centres in your District during 1951 show that the total number of attendances made by children were:—

	1951	1950	1949
(a) Under one year of age ..	3788	(3688)	(4013)
(b) Over one year of age ..	2040	(1863)	(2421)

(f) **Ante-Natal Clinics.**

Until his resignation in August, after which the Clinics were in the care of Dr. Helen F. Lindsay, Ante-Natal Clinics were held at each of the Child Welfare Centres at Denaby and Conisbrough under the care of Dr. J. C. A. Renshaw, Junior Obstetrician. A total number of 271 expectant mothers made a total of 1,889 visits, i.e., 9 out of every 10 expectant mothers attended Ante-Natal Clinics.

(g) **Tuberculosis Dispensaries.**

Dispensary Sessions.

Tuberculosis Dispensary, Market Street, Mexborough.

Monday	..	..	..	10 a.m. to 12 noon.
Wednesday	..	..	..	10 a.m. to 12 noon.

The staff of this Tuberculosis Dispensary consists of a Tuberculosis Officer and two Tuberculosis Health Visitors, and a close liaison is kept between your Medical Officer of Health, Chief Sanitary Inspector, and the medical staff of the Tuberculosis Dispensary. Cases undergoing domiciliary treatment in overcrowded homes are investigated, and recommendations as necessary for re-housing placed before your Housing Committee.

(h) **Venereal Disease Clinic.**

A treatment and diagnostic Clinic is held at 12 Frederick Street, Rotherham, and there are other Centres at Barnsley, Sheffield and Doncaster.

(i) **General Hospital Services** are provided in the main by the Montagu Hospital, Mexborough, Moorgate Hospital, Rotherham, and Barnsley Beckett Hospital. All these hospitals are well equipped and staffed, and treat a large number of acute and chronic cases, both as In and Out Patients. The liaison between the Local Health Authority and the Hospital Management Committee has been very close.

(j) **Infectious Disease Hospitals.**

Doncaster Isolation Hospital, and Kendray Hospital, Barnsley, have proved entirely adequate for the number of infectious disease cases arising in the area and requiring hospital isolation and treatment during the year.

(k) **Maternity Hospitals.**

The Maternity Block of the Montagu Hospital, Mexborough, Listerdale Maternity Home, Hamilton Annexe (Doncaster), Hallamshire Maternity Home, St. Helen Hospital, Barnsley, and the Maternity Ward of the Moorgate General Hospital, Rotherham, have all been available during the year for booked cases on a priority system of admission.

Out of a total of 456 Institutional births to Mothers normally resident in the Division, 319 babies (Live and still-born) were delivered at the Montagu Hospital, Mexborough. Others were principally as follows:—

Hamilton Annexe	.. ..	41 (36 live and 5 still births)
St. Helen Hospital, Barnsley	..	32 (30 live and 2 still births)
Listerdale Maternity Home	..	39 (37 live and 2 still births)

2. MENTAL HEALTH.

The Mental Health Service has made little progress during the year. The prospect of an Occupation Centre to serve the area seems as remote as ever, though the need of it is increasing. The Home Teacher, who carried out Home Training of Mental Defectives, resigned her appointment during the year.

Admissions to Institutions.

Seven patients who live in your area are awaiting Institutional care, and they present great social problems, as their care places a great strain on their families.

Mental Health Service—Conisbrough Urban District, 1951.

Training:	1 adult, 2 children attending Doncaster Occupation Centre.
Institutions & Vacancies:	1 adult, 1 child admitted to Institutions. Vacancies required for 3 adults and 4 children.
West Riding Patients:	37 under Statutory Supervision. 8 under Voluntary Supervision. 2 under Guardianship.
Hospital Board Patients:	1 on Licence. 5 After-care Patients.

After-Care Service.

The After-Care Service for patients discharged from Mental Hospital is growing rapidly, but it is not yet possible to pay all the attention necessary to these patients.

The following Table details the Mental Health Social Worker's activities during the year:—

Mental Deficiency Acts, 1913-38.

	Div. 30	Conisbrough U.D.
1. No. of defectives ascertained during 1951	10 (12)	3 (3)
Total No. of defectives ascertained	139 (140)	48 (50)
2. No. under Guardianship	7 (7)	2 (2)
No. under Statutory Supervision ..	106 (104)	37 (38)
No. under Voluntary Supervision ..	25 (26)	8 (9)
No. on licence from Institution ..	1 (3)	1 (1)
3. No. awaiting Institutional Vacancies	18 (16)	7 (9)
No. attending Doncaster Occupation Centre	10 (10)	3 (3)
No. being home trained	5 (12)	— (4)
Reports made for Regional Hospital Board (Institutional Patients) ..	10 (15)	3 (3)
After-care patients (Mental Hospital) (under Section 28 of the National Health Service Act)	14 (9)	5 (4)

Numbers in brackets are corresponding figures for 1950.

3. MATERNITY AND CHILD WELFARE.

(i) Health Visiting.

In your Urban District there were three Health Visitors and one Assistant Health Visitor working on the District and at the Clinics during the year. The establishment during the year for the whole Division was nine Health Visitors and four Assistant Health Visitors, and it is noted that the number of fully trained Health Visitors in the Division has risen from six to nine during the year. In your District one Health Visitor used a car for her work.

The visits to the home were the most important part of the work, and mothers were helped and advised in the upbringing and successful rearing of infants and children.

A selective system of priority visits to illegitimate and premature infants, infants of problem families and poor social background, was in force during 1951.

The main work of the Health Visitor, in addition to visits to infants, includes the visits to aged persons, after-care of hospital cases, supervision of Home Helps, problem families and housing enquiries.

There has been some increase in the amount of teaching carried on in the clinics and there has been an increase in the link with the family doctors, who are so over-worked in your District.

At the Inaugural Meeting of the Committee for the Correlation of Information relating to Children Neglected or Ill-treated in their own Home, which was held on the 27th June, 1951, 10 families listed were living in your Urban Area. Essentially these families were of the problem family type, and the characteristics were, intractable ineducability and instability or infirmity of character. This results in persistent neglect of children, if there are any, and there were usually many, in fecklessness, irresponsibility, improvidence in the conduct of life, and in lack of discipline in the home, where dirt, poverty and squalor are often conspicuous.

The work of the Health Visitors in your Area during the year has been excellent, and with the widening of their sphere of work, a gradual transition is being made to the all-purpose Health Visitor, and I feel that this will be accomplished within the next five years.

(ii) **Domiciliary Midwives.**

The progress reported last year has been maintained, and I am very satisfied with the work that has been carried out by the Domiciliary Midwives during the year.

Four Midwives, all in possession of motor cars, were employed in the Conisbrough Urban District during 1951, and they made a total of 4,660 ante-natal visits to expectant mothers in your Area, not only to their own cases that were to be delivered by them, but also the cases booked for hospital. In addition 40 nursing mothers were visited by Midwives when the mother had been discharged from Maternity Hospital before the fourteenth day.

The total number of domiciliary confinements carried out in your District during the year was 135.

Applications for Institutional Confinements.

From the whole Division 424 applications were received for institutional confinement, and 382, i.e. 90% of the total, were booked.

From your Urban Area 150 applications were dealt with, of which 138 were booked—12 were declined or cancelled, usually because of betterment of social conditions. Ninety-seven of your booked cases were booked at the Maternity Ward of the Montagu Hospital, Mexborough, and the remainder mainly at Hamilton Annexe, Doncaster, and Listerdale Maternity Home. The reasons for the booking of the cases are given as follows:—

Priority I. (Medical reasons)	..	..	..	21
Priority II. (Social conditions)	..	..	..	99
Priority III. (Primigravida, etc.)	..	..	..	18

Gas and Air Analgesia.

In the Division as a whole Gas and Air Analgesia was administered at 423 of the 602 domiciliary confinements, i.e. 70% of all domiciliary cases, during 1951.

In the Conisbrough Urban District, Gas and Air was administered at 101 confinements out of a total of 135 confinements, representing 74% of domiciliary cases.

(iii) **Care of the Premature Infant.**

The Divisional statistics show that in domiciliary practice 35 premature babies were born during the year. Eighty per cent. of these babies survived, and of those that survived the average weight at birth was 4 lbs. 14 oz. In your Urban District 7 premature babies were delivered at home. One of the 7 was transferred to hospital. Two babies died at home shortly after birth and they were twins weighing 3 lbs. 8 ozs. and 3 lbs. 9 ozs. The average weight of live babies at birth was 4 lb. 6 ozs. and the average weight of the five babies surviving was 4 lbs. 12 ozs.

The Sorrento Cot was not in use in your District during the year.

4. **VACCINATION AND IMMUNISATION.**

Facilities for mothers to have their children vaccinated against Smallpox and by immunisation from Diphtheria, are available at each family doctor's Surgery in your District, or at the Child Welfare Centres.

The number of children who have been vaccinated against Smallpox during the year, under one year of age, was only 10, and this clearly indicates that there is, by and large, complete apathy of parents to the question of vaccination.

Some of the primary and re-vaccinations during the year were carried out because of the necessity of a certificate of recent vaccination when families were travelling abroad.

It might be wise to point out here that as an infant gets older there is the possibility that it may not be so easy to vaccinate against Smallpox, and it is of interest to note that severe constitutional upsets—although very rare indeed—always seem to follow primary vaccinations in an adult or adolescent.

The overall protection of infants and children against Diphtheria is far better than that of vaccination against Smallpox. Nearly 70% of the child population, i.e. 0–15 years, are protected against Diphtheria. I feel that we shall shortly come to a position where we can reasonably expect not to have the severe outbreaks of this disease which are within very recent living memory.

The point on which I am not at all satisfied is that so few children are being immunised against Diphtheria before their first birthday. As a routine measure, all eight months old infants should be brought to the doctor at the Child Welfare Clinic or to the family doctor's surgery, for this painless immunisation. If more children were immunised before the first birthday, we could look to the future with more certainty that there will be no cases of deaths from this disease.

I wish to point out that less than half of the children under 5 years of age were protected against Diphtheria. As the organism causing Diphtheria is certainly still in the District, the seriousness of this lack of protection of infants and toddlers is both serious and urgent.

First Birthday Greeting Cards are sent to each infant attaining the age of one year, and I feel that some of the advice so colourfully and neatly given on these cards to the parents has been taken.

It is expected that in 1952 facilities will be available for mothers desiring their children to be protected against Whooping Cough by vaccination, to be carried out by the doctors at the clinics, and, of course, by the family doctor.

I would stress, however, that until all infants are being protected against Diphtheria before their first birthday, the protection of infants at this stage against Whooping Cough is relatively unimportant.

DIPHTHERIA IMMUNISATION.

Urban District	No. of Children Immunised in 1951		Booster Doses in 1951	No. of Children Immunised at any time up to 31/12 51		Registrar-General's estimated mid-year population 1951		Rate					
	Under 5—14 years	Total		Under 5—14 years	Total	Under 5 years	Under 5—14 years	Total					
	Conisbrough	144	64	208	182	760	2318	3078	1701	2825	4526	44.7	82.1	68.0

VACCINATION, 1951.

	Under 1 year		1—4 years		5—14 years		15 years and over		Total	
	Primary	Re-Vaccinations	..	..	..	..	..	..	..	..
Conisbrough U.D.C.	10	2	—	—	—	—	6	18	16	16

5. SECTION 28—PREVENTION OF ILLNESS, CARE AND AFTER-CARE.

(i) Hospital After-Care.

Miss W. J. Bailey, the Health Visitor who has been given the task of arranging for hospital after-care from the Montagu Hospital, Mexborough, reports to me that there has been an increase in the amount of after-care work from the Hospital during 1951.

Background reports of the socio-medical conditions in the home, requested by the Hospital Authorities, numbered 362, and this number includes:—

79 patients from the Mexborough Urban Area.

99 patients from the Dearne Urban Area.

46 patients from the Conisbrough Urban Area.

118 from neighbouring Urban Districts.

The figure of 362 shows a satisfactory increase upon the figure in 1950 of 348. Of these 362 reports, 147 related to infants under one year of age and young children under 14 years of age. Thirty of the reports related to persons suffering from Diabetes Mellitus.

The majority of the remaining requests for background reports concerned elderly sick persons and also some patients suffering from disorders of the alimentary canal.

Information regarding all infants under one year of age and young children on their discharge from the Montagu Hospital was passed routinely to the Health Visitor of the respective District in which the home lay, for further supervision and special care, where necessary. At the same time, information with regard to the discharge of the patient and the action requested was sent to the family doctor concerned.

Diabetic patients were “followed-up” in their homes, and where home treatment was necessary, this was given by the District Nurse.

Especially amongst the elderly patient who has been sick and is being discharged from hospital but who lives alone, there has been a need for the helpful advice and executive action often provided by the Health Visitor.

Also domestic help has been supplied to cases where this has been recommended, and the hospital has been glad of the “follow-up” of patients discharged from hospital, which is, on the whole, greatly appreciated.

Arrangements are being made to start this very successful after-care at the small 38 bedded Fullerton Hospital, Denaby Main.

(ii) Tuberculosis.

During the year it has been noted in your District that there has been a satisfying increase in attendance of contacts of known cases at the Chest Clinic.

People are willing and anxious, not only to accept advice on the prevention of spread of the disease and the treatment of it, but also to give all information that is asked, and to carry out all medical advice. The parents of children have responded remarkably well when the suggestion of B.C.G. Vaccination has been made, and indeed at the time of writing this Report, there has been no refusal of its use to children having parents suffering from Tuberculosis.

This has been the first year when B.C.G. has been used to give further protection to children in your District, and in all, 10 children have been segregated from their parents for a period of six weeks following vaccination with B.C.G. Vaccine. Two children were not segregated, as the source of infection in the parents was considered to be quiescent at the time. All the children who were vaccinated had previously been tested and found to be Mantoux negative. I consider these results to be good and that a good start has been made to a routine measure, which, I am sure, will be of great value in the prevention of spread of Tuberculosis in your District, especially amongst the younger children of families where there is a case of Tuberculosis.

During the year 12 cases, resident in your District, were admitted to Sanatorium, and it has been noticed that the waiting period has considerably lessened for all types of cases, although in the case of children awaiting admission there is still some delay. Female adults were waiting longer for admission than were males.

During the year there were 5 cases of persons who were suffering from Tuberculosis who were rehoused, and this figure is considered to be satisfactory.

Only two cases were treated in the home in your District and these were treated with Streptomycin and P.A.S.

In your Area one patient was supplied with bed and bedding, and one with bedding only, for segregation purposes. Also, in order to prevent the spread of the disease, approximately 1,000 sputum cartons were issued from the Chest Clinic during the year.

Ten patients were granted extra nourishment, i.e. two pints of milk per day.

In general I think it is reasonable to say that the death rate from Pulmonary Tuberculosis has been considerably reduced over the years, and this is due, of course, to the successes of chest surgery and to the use of the new drugs, which only a few years ago were unknown.

However, as the death rate as a whole declines, there seems to be little indication that the incidence of the disease in the population is declining greatly. It may well be that the modern methods, which are so readily available, are making the diagnosis of Pulmonary Tuberculosis possible earlier on in the disease.

However, I am quite certain that the density of population per acre, and the fact of this being a heavily industrial area with 250 tons of soot falling per square mile per year, are probably among the fundamental causes for the steady presence of this disease in your District. The overcrowding in the homes themselves may be, and probably is, a great contributory cause of Tuberculosis.

In your District I am greatly impressed by the kindly help and co-operation of Councillors and of what are sometimes referred to, disparagingly or not, as official bodies. Here I find that the prompt and kindly help to cases by Mr. Millar and his staff of the National Assistance Board, the Tuberculosis Health Visitors, particularly Miss Dodds who has worked in your Area untiringly for more than two decades, and the Doncaster Care Committee under the Chairmanship of the Consultant Chest Physician, Dr. Holden, have all helped individual cases.

What of the future in the control of this disease? I do not think that any one measure, be it Mass Radiography, Vaccination with B.C.G., Rehousing, increasing the spacing of houses per acre, cleansing the atmosphere, etc., by itself would solve the problem, but if the outstanding co-operation and action by all the various agencies concerned continues, I am sure that slow and steady amelioration will be the result and that the ground gained will not easily be lost.

6. SECTION 47—NATIONAL ASSISTANCE ACT, 1948.

No action was taken by the Council under this Section during 1951, and no reports were made by me to the Council, although in two instances the living conditions associated with an aged person, and a young woman, caused me to consider action under this Section. The conditions in the first case improved greatly, and appreciably in the second.

7. HOME HELP SERVICE.

The following cases have been assisted with Domestic Help in the Conisbrough Urban Area during 1951, and for easy reference, similar figures for the year 1950 are also shown:—

Domestic Help Service.

	1951	1950
Illness	18	23
Tuberculosis	1	1
Lying-in	11	23
Expectant Mothers	3	5
Aged Sick	39	21
Aged Infirm	13	12
Care—Children of School Age ..	4	2

The Service has been efficiently run during the year and undoubtedly has been a great help in the cases where it has been needed.

It is interesting to note that there has been a great increase in the domestic help on account of sickness amongst the aged, and of course these cases are essentially of a long-term nature. It is to be noted again that more than half of the cases for which domestic help was provided in your District during the year were for aged sick and aged infirm people. This increase in the provision of domestic help for aged people in your District is in keeping with that in my Division as a whole.

There was a marked decline in the number of applications for domestic help for domiciliary confinement cases, and it is thought that this is not unassociated with the present method of assessment of repayment for the service.

It is to be pointed out that in 1951 the total number of cases provided with Home Helps in the Division as a whole was 343, of which 89 cases were in the Conisbrough Area.

As can be seen, the Domestic Help Service is expanding, and I feel that the provision of domestic help is essential in the households where it is employed, to maintain reasonable standards of health and cleanliness.

8. SECTION F—PREVALENCE AND CONTROL OVER INFECTIOUS AND OTHER DISEASES.

(i) Notifiable Diseases other than Tuberculosis.

The following Tables show that during the year ended 31st December, 1951, Measles and Whooping Cough constituted the greatest number of notifications of infectious diseases which were received by me from General Practitioners in your District.

The widespread outbreak of Measles, which was correctly forecast by this Department some months before it occurred, i.e., the latter end of 1950, died away by the month of April, 1951. The disease was of a mild nature, and in spite of 305 notifications there were no deaths ascribed to it.

INFECTIOUS DISEASES.

Notifiable Diseases (other than Tuberculosis) during 1951. (Conisbrough)

Disease	Total Cases Notified	Cases after Correction	Cases ad- mitted to Hospital	Deaths
Measles	305	305	—	—
Whooping Cough ..	12	12	1	1
Scarlet Fever	6	6	2	—
Diphtheria	2	Nil	1	—
Ophthalmia Neonatorum	—	—	—	—
Puerperal Pyrexia ..	1	1	1	—
Erysipelas	1	1	1	—
Cerebro-Spinal Fever ..	2	2	2	2
Pneumonia	2	2	—	8
Food Poisoning	1	1	1	—
Acute Poliomyelitis ..	1	Nil	1	—

INFECTIOUS DISEASES, (Corrected) 1951.

Age Distribution Conisbrough.

Age			Scarlet Fever	Whooping Cough	Measles	Pneumonia	Cerebro-Spinal Fever	Puerperal Pyrexia	Erysipelas	Food Poisoning
Under 1	..	..	—	2	23	—	—	—	—	—
1—3	..	..	—	4	50	—	1	—	—	—
3—5	..	..	2	4	136	—	1	—	—	—
5—10	..	..	4	2	95	1	—	—	—	—
10—15	..	..	—	—	1	—	—	—	—	—
15—35	..	..	—	—	—	—	—	1	—	1
35—45	..	..	—	—	—	—	—	—	—	—
45—65	..	..	—	—	—	1	—	—	1	—
65 and over	..	..	—	—	—	—	—	—	—	—
			6	12	305	2	2	1	1	1

From the above Tables it will be seen that during the year there has been remarkably little serious infection in your District. Scarlet Fever cases numbered only 6—the lowest number in any year since Divisionalisation—and it is also pleasing to note that there were no cases of Diphtheria after correction, although the clinical condition in two cases was such that it was wisest to make a notification of Diphtheria. Whooping Cough, with only 12 cases, shows a great drop in incidence from the 62 cases notified in 1950. I would like to say here that it is shortly expected that facilities will be available for the free immunisation of young infants against Whooping Cough by the doctors at the Child Welfare Centres, or by the family doctor.

No cases of Acute Poliomyelitis were confirmed, although, in the same year, in a neighbouring District there were 8 confirmed cases, with 1 death.

The case of Food Poisoning was one of Sonne Dysentery, which is so prevalent.

During the year immunisation against Diphtheria was carried out at the schools in your District and clinic sessions were held in the Child Welfare Centres.

The children immunised during 1951 were as follows:—

Under 5 years of age	..	..	..	..	144 (201)
5—14 years of age	..	..	..	..	64 (292)
Booster injections	..	..	..	..	182 (302)
The corresponding figures for 1950 are placed in brackets.					

It will be quite easy to see from these figures the great necessity and urgency for children to be immunised against Diphtheria during infancy—long before there is any thought of school.

(ii) **Tuberculosis.**

Nineteen new cases of Pulmonary Tuberculosis were notified during the year, 12 being male and 7 female. There were also two new Non-Pulmonary cases, both being girls.

The following Tables show the new cases of Pulmonary and Non-Pulmonary Tuberculosis during 1951 and the previous four years:—

Year					Pulmonary	Non-Pulmonary
1951	..	..	..	..	19	2
1950	..	..	..	..	24	5
1949	..	..	..	..	17	7
1948	..	..	..	..	36	1

The deaths from Tuberculosis during the same years are as follows:—

1951	..	..	..	..	..	7
1950	..	..	..	..	..	12
1949	..	..	..	..	..	10
1948	..	..	..	..	..	21

TUBERCULOSIS.

New Cases and Mortality during 1951.

NEW CASES.

Age Periods				Pulmonary		Non-Pulmonary	
Years				M.	F.	M.	F.
0—1	..	..	..	—	—	—	—
1—5	..	..	..	—	—	—	1
6—15	..	..	..	1	2	—	1
16—25	..	..	..	5	3	—	—
26—35	..	..	..	2	—	—	—
36—45	..	..	..	—	2	—	—
46—55	..	..	..	1	—	—	—
56—65	..	..	..	2	—	—	—
66 and over	..	..	..	1	—	—	—
Totals	..	..	..	12	7	—	2

DEATHS.

Age Periods				Pulmonary		Non-Pulmonary	
Years				M.	F.	M.	F.
0—1	..	..	..	—	—	—	—
1—5	..	..	..	—	—	—	1
6—15	..	..	..	—	—	—	—
16—25	..	..	..	1	—	—	—
26—35	..	..	..	—	—	1	—
36—45	..	..	..	—	—	—	—
46—55	..	..	..	1	—	—	—
56—65	..	..	..	2	1	—	—
66 and over	..	..	..	—	—	—	—
Totals	..	..	..	4	1	1	1

The efficiency of notification in the Area is high, and during the year only one case was first ascertained by receipt of Death Notification that the cause of death was Tuberculosis.

The highest incidence of fresh cases in your District is amongst males between the ages of 16 and 35 years, and, to a lesser extent, amongst females of the same age group.

During the year I understand that further progress has been made to find another site for the Chest Clinic at Mexborough, and it is expected that chest X-ray facilities will be available at the new site.

During the year, further arrangements were made with the Chest Physician for a visit from the Mass Miniature Radiography Unit, centred at Doncaster, to your District during 1952.

CONISBROUGH URBAN DISTRICT COUNCIL.

ANNUAL REPORT
OF THE
SANITARY INSPECTOR
for the year ending 31st December, 1951.

*To the Chairman and Members of the
Conisbrough Urban District Council.*

Mr. Chairman, Lady and Gentlemen,

It is my duty and privilege to report to you upon the work done in my Department for the year.

The major portion of the Inspectorial Staff's time has been spent upon complaints with regard to defects to property, abatement of nuisances, promotion of the manufacture and sale of clean food, refuse collection, salvage, and reclamation of land.

Repairs to housing is still a problem, and the rate of repair has still not caught up with the rate of depreciation in this district. Certain property has now reached the stage that from an economic point of view it is not a sound proposition to repair, but from the public health point of view living conditions are most unsatisfactory.

Consideration of this property is a problem which will have to receive the attention of the Council during the coming year, and it may affect the future housing policy.

It is a debatable point whether dry, overcrowded conditions in a house is causing more detriment to the health of the occupants than property which is sub-standard and damp and requires excessive repairs.

Another fact which is revealed is the small number of repairs which are effected from a primary notice.

INSPECTORIAL STAFF.

Senior Sanitary Inspector & Public Cleansing Officer:	R. E. INGLEBY, A.R.S.I., M.S.I.A., R.P.C.
Additional Sanitary Inspectors: }	W. URMSON, A.R.S.I., M.S.I.A. A. P. ALLEN, Cert. S.I.B., M.S.I.A.

Clerical Assistant & Pupil Sanitary Inspector:	H. L. CHESHIRE.
Chief Clerk:	Mrs. R. WILLIS.

Mr. W. Urmson, Council's Additional Sanitary Inspector, resigned during the year and took an appointment with a neighbouring Authority, and the services of an Additional Inspector were not available over a period. Mr. A. P. Allen of the Derbyshire County Council obtained the appointment, and commenced duties in August, 1951.

The salaries of the Senior Sanitary Inspector and the Additional Sanitary Inspector are contributed to by grants from the Ministry of Health.

WATER SUPPLIES.

The supplies to this district are obtained from deep wells, the water being obtained from the Doncaster and Tickhill Joint Water Board and the National Coal Board, domestic supplies being delivered to the houses out of the rising service mains in the majority of cases. A small service reservoir, situate in Conisbrough, does supply one part of the district, whilst Denaby receives its supply direct from the National Coal Board who are the Water Authority for that area.

Purification.

The National Coal Board supply receives a softening treatment, this also includes a chlorination and filtration treatment prior to distribution. Further treatment by the Local Authority is not undertaken. Doncaster and Tickhill Joint Water Board supply does not receive any treatment.

Bacteriological Analysis.

Twenty-five samples of water were submitted for analysis this year by the Local Authority and the National Coal Board; results were as follows:— 20 were placed in Class 1, 3 were in Class 3, 1 in Class 4. One sample was submitted for chemical analysis and this was unsatisfactory. There are at present 4,239 houses upon public supply.

DRAINS AND SEWERAGE.

A slight extension has been made to the sewerage of the district to incorporate the Conanby No. 2 Housing Site, but no additional extension has been made to the Sewage Works. There have been tentative enquiries from the National Coal Board as to the Local Authority's attitude towards the inclusion of baths in the Denaby houses. Should this materialise, it can be well anticipated that an increased quantity of sewage will have to be dealt with.

CLOSET ACCOMMODATION.

There are at the present time within the district the following forms of sanitary conveniences:—

Pail Closets	2
Privy Middens	10
Pedestal Water Closets	5096
Waste Water Closets	27
Trough Closets	4

Unfortunately, the most undesirable type of conveniences are situate considerable distances from the sewers in the district and in some cases the level of the convenience is below the level of the sewer.

RIVERS AND STREAMS.

A portion of the retaining wall on the bank of a stream in the district, which is a tributary of the River Don, has collapsed. The owners have been contacted, and it is anticipated that this work will be done during the coming dry weather.

SMOKE ABATEMENT.

Six observations of 30 minute duration were taken during the year. On three occasions the emission of black smoke was taken up with the persons concerned. Two of the offenders have ceased raising steam on their premises and are obtaining live steam from another source. This should have a beneficial effect in the immediate area surrounding these premises.

The Council are to be congratulated on their initiative in proposing to instal modern types of cooking ranges in their older property. This should prove to be beneficial to the housewives concerned, being easier to clean, and will cause less domestic smoke. It is to be hoped that other owners will emulate the Council's lead.

SANITARY INSPECTION OF THE DISTRICT.

During the year the following inspections were made:—

General Inspections as to complaints, nuisances and etc.	..	985
Re-inspections regarding repairs, etc.	.. .. .	570
Matters appertaining to food	.. .. .	468
Inspection of:—		
Factories	.. .. .	50
Houses	.. .. .	926
Temporary Dwellings, etc.	.. .. .	6
Schools	.. .. .	11
Cinemas and Licensed Premises	.. .. .	43
I.D. Prevention and Disinfection	.. .. .	33
Smoke Observations	.. .. .	6
Rodent Control	.. .. .	150
Refuse Collection and Disposal	.. .. .	168
Drainage matters	.. .. .	140
Water Supply	.. .. .	22
Slaughterhouses	.. .. .	45
Bakeries	.. .. .	5
Meat Shops, Vans, etc.	.. .. .	40
Grocers Shops	.. .. .	64
Greengrocers and Fish Shops	.. .. .	9
Dairies and Retailers of Milk	.. .. .	44
Ice Cream Premises and Vans	.. .. .	28
Food Preparing Premises	.. .. .	24
Markets	.. .. .	41
Hawkers	.. .. .	6
Fish and Chip Shops	.. .. .	10
Miscellaneous Food Visits	.. .. .	40
Shop Inspections for purposes under the Act	.. .. .	112

2,023

The following statement shows the nuisances abated and the defects rectified during the year. This does not include works executed in property belonging to the Council. Other remaining matters recorded are in the process of receiving further action for abatement.

LIST OF NUISANCES, ETC., ABATED.

Obstruction in drainage removed	15
Drainage repaired	21
Drainage relaid or renewed	5
Gullies provided	10
Rainwater Pipes disconnected	12
Rainwater Pipes and Vent Pipes repaired	26
Obstruction in sewers removed	5
Insanitary sinks replaced and sink waste pipes repaired	29
W.C.'s repaired	20
Waste Water Closets converted to Water Closets	11
Defective roofing repaired	160
Defective wall and ceiling plaster rectified	154
Internal floors repaired or renewed	39
Insufficient ventilation rectified	73
Defective water supply	5
Defective fireplaces and/or flues	65
Defective wash boilers	18
Rodent Control inspections	27
Verminous and dirty premises	20
Insanitary yards and defective flags	23
Accumulations of refuse	4
Defective doors, etc., repaired	22
Miscellaneous matters	121

HOUSING.

An indication of the work done in connection with this subject can be obtained from the following statistics:—

Number of dwelling houses in the district	4,244
Number of back-to-back houses included in above	Nil

1. Inspection of dwelling houses during the year:—

(1) (a) Total number of dwelling houses inspected for housing defects	267
(b) Number of inspections made in connection with housing defects	838
(2) Number of dwelling houses needing further action:	
(a) Number considered to be in a state so dangerous or injurious to health as to be unfit for human habitation	3
(b) Number (excluding those in sub-head (2) (a)) above found not in all respects reasonably fit for human habitation	264

2. Remedy of defects during the year without service of formal notices:

Number of defective dwelling houses rendered fit in consequence of informal action by the Local Authority or their officers	68
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3. Action under Statutory Powers during the year:

A. Proceedings under Section 9, 10 and 16, Housing Act, 1936:

(1) Number of dwelling houses in respect of which notices were served requiring repairs	26
(2) Number of dwelling houses which were rendered fit after service of formal notices:	
(a) By Owners	27
(b) By Local Authority	5

B. Proceedings under Public Health Act:

(1) Number of dwelling houses in respect of which notices were served requiring defects to be remedied	17
(2) Number of dwelling houses in which defects were remedied after service of formal notices:	
(a) By Owners	12
(b) By Local Authority in default of Owners..	13

C. Proceedings under Sections 11 and 13 of the Housing Act, 1936:

(1) Number of representations, etc., made in respect of dwellinghouses unfit for habitation	4
(2) Number of dwellinghouses in respect of which Demolition Orders were made	Nil
(3) Number of dwellinghouses demolished in pursuance of Demolition Orders	Undertakings accepted in 3 cases

D. Proceedings under Section 12 of the Housing Act, 1936:

(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made	Nil
(2) Number of separate tenements or underground rooms, the Closing Orders in respect of which were determined, the tenement or room having been rendered fit	Nil

4. Housing Act, 1936—Part IV—Overcrowding.

(a)	(1)	Number of dwellings overcrowded at the end of the year	not known accurately
	(2)	Number of families dwelling therein	„
	(3)	Number of persons dwelling therein	„
	(b)	Number of new cases of overcrowding reported during the year	4
(c)	(1)	Number of cases of overcrowding relieved during the year	52
	(2)	Number of persons concerned in such cases	Approx. 180 persons

5. New Houses.

Number of new houses provided during the year:

By the Local Authority:

Permanent type (all 2 W.C.'s)	52
Temporary type	Nil
By Private Enterprise	8

6. Housing Act, 1949.

Any action in connection with Section 20, “Grants to persons other than Local Authorities for improvements of housing accommodation”:

None, grant mortgage aid was applied for and given with regard to one new house.

Eradication of Bed Bugs.

This is the first year for six years showing a decrease in the number of infested premises encountered; the figures are as follows:

1946—3, 1947—8, 1948—8, 1949—15, 1950—24, 1951—14.

In all cases where this condition has been encountered disinfection measures have been taken.

Tents, Vans and Sheds.

Number in the district—6.

FACTORIES.

Premises	No. on Register	Number of		
		Inspections	Written Notices	Occup'rs Prosecuted
(1) Factories in which Sec. 1, 2, 3, 4, and 6 are to be enforced by the Local Authority	11	14	—	—
(2) Factories not included in (1) in which Sec. 7 is enforced by the Local Authority	32	36	1	—
(3) Other premises in which Sec. 7 is enforced by the Local Authority (excluding outworkers)	—	—	—	—
Total	43	50	1	—

Cases in which defects were found.

	Found	Remedied	Referred to H.M. Inspector	By H.M. Inspector Pr's'ct'ns
Sanitary Conveniences ..	—	—	—	—
Insufficient, unsuitable or defective	1	1	—	—
Not separate for sexes ..	—	—	—	—
Total	1	1	—	—

FOOD.

Inspections have been carried out at producers premises, canteens, Potato Crisp Works, and meat product premises.

An improvement in food has been found, and in many retail businesses, refrigerators have been purchased as a means of preserving food, and proprietors state considerable advantages are being found from the use of this equipment. Serving hygiene is a matter which has again shown importance, but unfortunately, young assistants are either more forgetful of this fact, or do not realise their responsibility to the public, as the older generation do.

Milk Supply.

Since the Ministry of Food ceased to grant permits to vendors of milk, considerable applications have been received from shops engaged in general mixed business. One cannot foresee these vendors obtaining a living out of this type of business, the larger parties concerned have canvassed these shops with a view to increasing their own sales, the product being sealed food; no special means of protection is required. Sampling during the summer will prove the wisdom of this type of shopkeeper.

There are at present 44 retail milk sellers registered with the Local Authority. Supplementary Dealers Licences are as follows:

Tuberculin Tested Milk Pasteurised	..	..	2
Pasteurised Milk	..	..	4
Sterilised Milk	..	..	3

The main retailers of milk in the area have been subject to recent inspections, and only upon one occasion has exception been taken to conditions; this was caused through the sale of milk in a dirty bottle, and this matter was taken up with the retailer and there has been no further cause for complaint.

Five samples of milk were submitted to the Public Health Laboratory Service and these were satisfactory.

Meat and Other Foods.

I am pleased to report an improvement in the transportation of meat from the allocation centre at Sheffield to Conisbrough. A totally enclosed van is used for this purpose but carcasses are still dumped on the floor and contamination from the boots of the employees loading and unloading the meat is not improbable. On one or two occasions a van has been used where the carcasses are suspended and this is the type of van which the Council have in mind for constant use for this purpose.

Local slaughtering is only undertaken for the purpose of "Home Fed" bacon and the majority of this is done in four private slaughterhouses; slaughtering upon allotments has practically died out. No generalised tuberculosis carcasses have been encountered. (See Report.)

	Cattle excl'd'g Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed (if known)	nil	nil	nil	nil	95
Number inspected ..	nil	nil	nil	nil	95
All diseases except Tuberculosis. Whole carcasses condemned	nil	nil	nil	nil	nil
Carcases of which some portion or organ was condemned	nil	nil	nil	nil	1
Percentage of number inspected affected with diseases other than tuberculosis	nil	nil	nil	nil	1.05%
Tuberculosis only. Whole carcasses condemned ..	nil	nil	nil	nil	nil
Carcases of which some part or organ was condemned	nil	nil	nil	nil	11
Percentage of number inspected affected with tuberculosis	nil	nil	nil	nil	11.5%

Tuberculosis was again encountered among cottagers pigs this year, eleven carcasses were found to be affected. 48 Inspections were made at the slaughterhouses in the district and 4 other premises were also visited for the purpose of inspecting these carcasses.

Ice Cream, etc.

There are at present 25 shops registered for the sale of wrapped Ice Cream, and the standard of this commodity is high. It is noticeable that the number of hawkers has considerably decreased. With the decrease of money available for this type of sweet-meat, lollipops have increased their sale and trouble is being experienced from this commodity. From examination of lollipops during the year it is evident that a considerable variation of cleanliness in the manufacture exists, there being a variation between 10 to 100,000 organisms per m.l.

Another factor existing is that copper can be present in the vendors lollipops when no copper is present in the cordial from which it is manufactured. Furthermore, certain children have been affected with outbreaks round the mouth due to this commodity, the cause being probably due to excessive freezing prior to sale, a form of frost bite being the result.

The results of sampling are as follows:—

Of nine samples of Ice Cream submitted, six were Grade 1 and three were Grade 2. These results are gratifying, but grade 1 is the objective. The following is the result of Lollipops sampled and submitted both for bacteriological cleanliness and for chemical analysis: Organisms present per m.l.: 10, 70, 150, 200, 100,000, but B. Coli was absent from all samples. It would appear that there is a considerable difference with regard to cleanliness during manufacture. 2 parts per million of copper were present in all five samples, and one sample contained 2 parts per million of lead. Spearmint Cordial used for the manufacture of this commodity was sampled, and this contained no copper but 5 parts per million of lead. It would appear desirable that this sweetmeat should receive more attention.

Food Poisoning Outbreaks.

There was one case of Sonne-dysentery within the district during the year.

Clean Food Campaign.

No special campaign has been launched by the Council but consideration is being given as to the possibilities of a Clean Food Exhibition. 468 inspections were made of food premises including food preparation premises, Wholesalers and Retailers, Markets, Licensed Premises and Hawkers, advice being given when it was felt improvements could be effected. No legal action has been found necessary.

Seizure of Unsound Food.

It has not been found necessary to take legal action under the above provisions of the Food and Drugs Act, but the following quantities of food have been surrendered and condemned during the year:

10 tins Peas	6 tins Pineapple
18 tins Meat	1 tin Apples
204 tins Tomatoes	3 tins Oranges
56 tins Beans in Tomato	2 tins Cherries
17 tins Unsweetened Milk	2 tins Fruit Salad
14 tins Condensed Milk	2 tins Pears
46 tins Salmon	1 tin Plums
2 tins Tomato Juice	2 tins Grapes
1 pkt. Vita Wheat	1 tin Strawberries
10 jars Mincemeat	3 tins Soup
5 jars Marmalade	3 tins Fish
7 jars Jam	8 tins BLOATER Paste
8 Jellies	1 jar Pickled Onions
13 pkts. Junket	1 bottle Vinegar
12 Lollipops	3 bottles Tomato Sauce
4 lbs. 2 ozs. Sweets	3 tins Carrots
15 lbs. Cheese	3 tins Beetroot
21 $\frac{3}{4}$ lbs. Butter	30 pkts. Figs
78 $\frac{1}{4}$ lbs. Ham	29 $\frac{1}{2}$ lbs. Luncheon Meat

Rodent Control.

During the year Council's Operative obtained a more lucrative appointment and he was replaced by another Operative who has displayed a keen interest in this work which is proceeding most satisfactorily. Estimated kill on certain work has reached as high as 900 rats in one single week's operations, and the co-operation of individuals having affected property has been most helpful. Proofing works have been undertaken at certain food storage premises and it has not been found necessary to institute proceedings during this year. Sewer treatment has been undertaken but the majority of the sewers appear free from infestation.

Cleansing—Collection.

As a result of the reluctance of property owners to renew defective dustbins, in the summertime it was found necessary in the more heavily populated portion of the district to expend money in order that fly nuisances would not develop, ashes and domestic refuse having been dumped in the streets. The National Coal Board, however, have agreed to provide dustbins, but due to the steel position the obtaining of dustbins has been no easy matter, and a considerable number is still required for their houses. The Council are to be complimented on their foresight in purchasing a number of bins and they are therefore not placed in this dilemma. An increased quantity of refuse was collected due to the increased expansion of housing.

Disposal.

It is estimated that 11,411 tons of refuse was dealt with during the year at the Sheffield Road tip, disposal being by controlled tipping methods. The purchase of an Angledozer has proved an effective means of obtaining earth to convert the old Craggs Tip into an open playing field, and when this work is finished it is proposed that this machine shall be used to handle refuse tipped on the Sheffield Road tip; this will result in the minimum amount of manual labour being required for this purpose.

Salvage.

The prices offered for this material have hardened during the year, and increased quantities have been offered for sale by the Council. This has resulted in the estimated figure of £1,000 being exceeded by £490, making a total of £1,490 which, in this district, is an all time high figure for this material. There are signs, however, of a recession in prices and it is very questionable whether such an income can be anticipated for the next year.

HOUSE REFUSE COLLECTION AND DISPOSAL.

Total Cost of Collection and Disposal of the Town's refuse is as follows:

	£	s.	d.
Refuse Collection and Disposal	7,438 0 0
Revenue after deduction of Salvage Bonus	1,279 0 0
Net Cost	£6,159 0 0

Pop.	No. of Weekly Collections House Trade	Method of Collection	Method of Disposal	Collection and Disposal Costs							
				Total Cost	Total Tons (est.)	No. of Hses.	Cost per Ton	Cost per House	Cost per 1000 Hses.	Cost per Head of Population	Cost 1000 Head of Population
16,660	1	One 7 cu. yds. and One 10 cu. yds. One 15 cu. yds. Two latter vehicles are Dustbin Loading	Controlled Tip	£6,159	11,411	4,244	10s. 9½	£1.45	£1,451	7s. 4.7d.	£369

May I express my thanks to the Council and Medical Officer of Health for the confidence and trust that has been shown in the Department's work during the year, and also for the close co-operation and help received from the Clerk of the Council and other Officers who have assisted me in the execution of Public Health matters.

I am, Sirs, and Madam,

Your obedient Servant,

R. E. INGLEBY,
Senior Sanitary Inspector.

